Department of the Treasury Internal Revenue Service

Date

## Annual Return/Report of Employee Benefit Plan (With 100 or more participants)

This form is required to be filed under section 104 of the Em-

Open to Public Inspection

16-82788-1

ployee Retirement Income Security Act of 1974 and section Department of Labor Labor-Management Services Administration 6058(a) of the Internal Revenue Code, referred to as the Code. Government use only ► A D E H For the calendar plan year 1975 or fiscal plan year beginning , 19 and ending . 19 All pension benefit plans with 100 or more participants file one copy of this form with the Department of Labor (DOL) and one copy with the Internal Revenue Service (IRS). File a separate form for each plan. Legible reproduction copies are acceptable. Welfare benefit plans with 100 or more participants file this form with DOL only. Pension benefit plans complete all items. However, annuity arrangements of certain exempt organizations and individual retirement account trusts of employers complete only items 1 through 6, 9 and 10. Welfare benefit plans complete only items 1 through 18 and item 24. Note: Do not file this form for: ▶ Keogh (H.R. 10) plans with fewer than 100 participants and with at least one owner-employee participant. File Form 5500-K instead. > Other pension benefit plans and certain welfare benefit plans with fewer than 100 participants. File Form 5500-C instead. Please complete every applicable item on this form. If an item does not apply, enter "NA." (a) Name of sponsor (employer if for a single employer plan) 1 (b) Employer identification number Address (number and street) 1 (c) Telephone number City or town, State and ZIP code 1 (d) Employer taxable year ends 2 (a) Name of plan administrator (if other than sponsor) 1 (e) Business code number Address (number and street) 2 (b) Administrator's employer identification no. City, town, State and ZIP code 2 (c) Telephone number 3 Name, address and identification number of plan administrator as they appeared on the last report filed with DOL or IRS if not the same as in 1 or 2 > 4 Check appropriate box to indicate the type of plan entity (check only one box): (a) Single-employer plan (c) Multiemployer plan (b) Plan of controlled group of corporations or (d) Multiple-employer-collectively-bargained plan Multiple-employer plan (other) common control employers 5 (b) Plan 5 (a) Name of plan: number: 6 Check at least one item in (a) or (b) and applicable items in (c): (i)  $\square$  Health insurance (ii)  $\square$  Life insurance (a) Welfare benefit plan: (iii) Supplemental unemployment Other (specify) (b) Pension benefit plan: Defined benefit plan—(Indicate type of defined benefit plan below): (B) Unit benefit (D) ☐ Other (specify) ► (A) | Fixed benefit (C) | Flat benefit Defined contribution plan—(indicate type of defined contribution plan below): (A) Profit-sharing (B) Stock bonus (C) Target benefit (D) Other money purchase (E) ☐ Other (specify) ► (iii) Defined benefit plan with benefits based partly on balance of separate account of participant (section 414(k) of the Annuity arrangement of a certain exempt organization or a governmental unit (section 403(b) of the Code) (iv) (v) Custodial account for regulated investment company stock (section 403(b)(7) of the Code) Trust treated as an individual retirement account (section 408(c) of the Code) (vi) Employee stock ownership plan not part of a qualified plan (section 301(d) of the Tax Reduction Act of 1975) (viii) ☐ Other (specify) ► (c) Other plan features: ☐ Thrift-savings (ii) Keogh (H.R. 10) plan (i) Employee stock ownership as part of a qualified plan (check only if you checked a box in (b)(ii) above) Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of (employer) sponsor

Signature of plan administrator

7		ber of active and retired par Active participants (em	•		•		mplete only (a)(iii), (b),	(c) and (	d)):	
	(-)	nouve participante (em	project of darmor to a	(ii) Number not fully vested .						
	(b)	Retired participants re	ceiving benefits	` '						
	(c)	Participants separated	from employment and	d entitled to	future t	penefits				
	(d)	Subtotal, sum of (a), (	b) and (c)					·	_	
	(e)	Beneficiaries receiving	pension benefits					<u> </u>		
		Total, (d) plus (e) .						<u> </u>	Yes	No
	(g)	Has the number of act						6 from	103	
	/L\	the number of those particles the number of act	, -	-				· · ·		
	(n)	the number of those pa								
8	Plar	n amendment information								
_		Was the plan amended	•	•						
	(b)	If "Yes," (i) Has a Fo	orm EBS-1 reflecting	the amend	ment bee	n filed with DOL? .				
		(ii) Have the	e accrued benefits of	any partici	pant und	er the plan been rec	luced?			
			endment result in a re							
		(IV) Has a de	etermination letter be	en requeste	ea trom i	Kor		Month	Day	Year
	(c)	Enter the date the most	t recent amendment w	vas adopted	1		<u></u>			
9		n termination informatio							Yes	No
	(a)	Was this plan terminat	ed during the year?							
	• •	If "Yes," were all trust								
		Was a resolution to terr								<del></del>
		If (a) or (c) is "Yes," have	-							
		If (d) is "No," has a determination letter been requested from IRS?								
		termination?	<u> </u>	<u> </u>	· · ·		· · · · · ·	<u></u>		
10	(a)	In this plan year, was to another plan?	his plan merged or co	nsolidated	with anot	ther plan or were ass	ets or liabilities trans	sferred	1	
		If "Yes," enter informa	tion about other plan	 n(s):	· · i	(c) Employer ident	ification number(s)	(d) P	an num	ber(s)
	(b)	Name of plan(s)							•	
	<del></del>	Has actuarial statemen	t been filed with IDS	os required	l for defi	ned henefit plans?			Yes	□ No
		e of funding entity:	it been med with ins	as required	i loi delli	ned benefit plans: .		• • 🗀	163	<u> </u>
11	(a)		vided in whole from	trust fund:	s)					
	(b)		gement providing benefits partially through insurance and/or annuity contracts							
	(c)	Trust or arrangeme	ent providing benefits	exclusivel	y throug	h insurance and/or	annuity contracts			
	(d)	<del></del>	described in section 4	01(f) of the	e Code a	nd not included in (o	above			
	(e)	Other (specify)			•					
		If (b) or (c) is checked								
12		any person who renderent on year?	ea services to the plan	receive, di	rectly or	mairectly, compensa	tion from the plan in		Yes	□ No
	•	Yes," furnish the follow	ing information:							
				(c) Relation	nship	(d) Gross				
		(a) Name	(b) Official plan	to emplo employee of zation or p	organi.	salary or allowances paid	(e) Fees and commissions paid	(f) Na	ture of s	ervice
			position	known to party-in-in	be a	by plan	by plan			
				F = 2 · · · · · · ·				-	<del></del>	
								1	<del></del>	
_								-		
							-	-		
							-	-		

Form 5500 (1975) 13 Assets and liabilities (list all assets and liabilities at current value except on line 13(i), show book value): Note: Include all plan assets and liabilities of a trust or separately maintained fund. (If more than one trust/fund, report on a combined basis.) Include unallocated insurance contracts.

	Assets	a. Beginning of year	b. Acquisitions	c. Dispositions	d. End of year
(a) Cach	(i) On hand				
• •	In bank: (A) Certificates of deposit.				
` '	(B) Other interest bearing				
	(C) Noninterest bearing				
	Total cash			assets plus ###### acquisitions	
()			and dispos	sitions will	
• •	vables: (i) Employer contributions .			sarily equal ###### g balance.	
	Employee contributions			suuuuuuuulliiliiliik	
• •	Other				
` '					
	Net receivables, sum of (i), (ii) and				
	(iii) minus (iv)				
	al investments other than party-in-				
	st investments:				<i>X4111111111111111111111111111111111111</i>
(-)	U.S. Government securities	-			
, ,	State and municipal securities				
	Corporate debt securities				
(iv)	Corporate stocks—(A) Preferred .				
	(B) Common .				
(v)	Shares of a registered investment company.				
(vi)	Real estate				
• •	Mortgages				
(viii)	Loans other than mortgages				
` '	Value of interest in pooled fund(s) .				
1	Other investments				
(xi)	Total general investments, sum of				
	(i) through $(x)$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(d) Party	-in-interest investments:				
(i)	Corporate debt securities				
(ii)	Corporate stocks—(A) Preferred .				
	(B) Common .		· · · · · · · · · · · · · · · · · · ·		
(iii)	Real estate				
(iv)	Mortgages				
(v)	Loans other than mortgages				
(vi)	Value of interest in pooled fund(s) .				
(vii)	Other investments				
(viii)	Total party-in-interest investments,				
	sum of (i) through (vii)				
(e) Buildin	gs and other depreciable property—net	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
(f) Value	of unallocated insurance contracts:				
(i)	Separate accounts				
(ii)	Other				
(iii)	Total, (i) plus (ii)				
(g) Other	assets		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(h) Total	assets, sum of (a)(iii), (b)(v), (c)(xi),				
(d)(vi	iii), (e), (f)(iii) and (g)				
(i) Book	value of all assets				
	Liabilities				
(j) Payat	oles: (i) Plan claims				
·-·	Other payables				
(iii)	Total payables, (i) plus (ii)				
	sition indebtedness				
	· liabilities				
	liabilities, sum of (j)(iii), (k) and (l) .				
	ssets, (h) less (m)				<u> </u>

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	ncome, expenses and changes in net assets:					
	<b>lote:</b> Include all income and expenses of a trust(s) or separately maintained fund(s).	1	1			
	Income	a. Amount	<b>b.</b> Total			
(	a) Cash contributions by—  (i) Employee(a) (including contributions on babels of self-amplement individuals)					
	(i) Employer(s) (including contributions on behalf of self-employed individuals)					
	(ii) Employees	****				
	(III) Others					
•	by Honords contributions (openly nature and by Hillian indus)	\ <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>				
(	c) Total contributions, sum of (a) and (b)					
(	d) Earnings from investments—					
	(i) Interest					
	(ii) Dividends					
	(iii) Rents					
	(iv) Royalties		7/11/11/11/11/11/11/11/11/11/11/11/11/11			
(	e) Net realized gain (loss) on sale or exchange of assets—					
	(i) Aggregate proceeds					
	(ii) Aggregate costs					
(	f) Other income (specify) >		1			
,	g) Total income, sum of (c) through (f)					
_		<u> </u>				
,	Expenses  h) Distribution of benefits and payments to provide benefits—	a. Amount	b. Total			
,	(i) Directly to participants or their beneficiaries					
	(ii) To insurance carrier or similar organization for provision of benefits					
	(iii) To other organizations or individuals providing welfare benefits					
(	i) Interest expense					
ì	) Administrative expenses—					
	(i) Salaries and allowances					
	(ii) Fees and commissions					
	(iii) Insurance premiums for Pension Benefit Guaranty Corporation					
	(iv) Insurance premiums for fiduciary insurance other than bonding $\ldots$					
	(v) Other administrative expenses					
(	Other expenses (specify) ►					
•	Total expenses, sum of (h) through (k)					
	m) Net income (expenses), (g) minus (I)	a. Amount	b. Total			
(	n) Change in net assets—	a. Amount				
	(i) Unrealized appreciation (depreciation) of assets					
	(ii) Other changes (specify) ►  Net increase (decrease) in net assets for the year, (m) plus (n)					
	b) Net assets at beginning of year, line 13(n), column a					
	Net assets at beginning of year, fine 13(n), column a					
15 T	he following questions relate to the plan year. If (a), (b) or (c) is checked "Yes," sc	hedules of such items	s that			
ir	clude the information set forth in the instructions are required to be attached to the led with IRS:	e copy of this form t	hat is Yes No			
	(a) Did any transaction involving plan assets involve a person known to be a party-in-interest?					
(1	) Were any loans by the plan or fixed income obligations due the plan in default as o	f the close of the plan	n year			
	or classified during the year as uncollectable?					
	) Were any leases to which the plan was a party in default or classified during the year		· · ·   7/1/1/1/1 /////////			
	mount of delinquent employer contributions not yet received by the end of the year		<i>         </i>			
	as there been any change since the last report in the appointment of any trustee, acc		1 I			
	nrolled actuary, administrator, investment manager or custodian?					
IT	"Yes," explain ▶					
• • •						

No   No   No   No   No   No   No   No	For	m 55	00 (1975)		Page 5		
(b) If "Yes," enter the maximum amount of loss recoverable  ▶ \$  (c) Enter the name of the surety company  ▶  (d) Does the plan, or a known party-in-interest with respect to the plan, have any control or significant financial interest, direct or indirect, in the surety company or its egents or brokers?  (e) If the plan is not insured by a fidelity bond, explain why not  ▶  (f) In the current plan year was any loss to the plan caused by the fraud or dishonesty of any plan official or employee of the plan or of other person hendling funds of the plan?  (if) In the number of employees of employer at end of the plan year (do not complete for multiemployer plans):  (a) Total number of employees excluded from plan coverage—  (b) Minimum age or years of service.  (ii) Employees on whose behalf retrement benefits were the subject of collective bargaining.  (iii) Nonresident aliens who receive no exerced income from United States sources.  (iv) Other (specify) ▶  (v) Total number of employees excluded, sum of (i) through (iv)  (c) Total number of employees covered under the plan.  (a) Testa mumber of employees covered under the plan.  (ii) Nonresident aliens who receive no excluded from the plan, (a) less (b)(v).  (b) Its plan a master or prototype plan?  If "Yes," enter IRS serial number ▶  (ii) Total number of employees covered under the plan.  (iii) Nonresident aliens hap qualify under section 401(a) or 405 of the Code?  (ii) Is intended that this plan qualify under section 401(a) or 405 of the Code?  (iii) Is social security  (iii) Employees on the code of the plan with the plan is negative to received a determination letter from the IRS for this plan?  (iii) Code received a determination letter from the IRS for this plan?  (iii) Total number of employees covered under the plan year  (iii) Total number of employees covered under the plan year  (iii) Total number of employees covered under the plan year  (iii) Total number of employees covered under the plan year  (iii) Total number of employees covered under the pl	18	Bor	ding:	Yes	No		
(c) Enter the name of the surety company ▶  (d) Does the plan, or a known party-in-interest with respect to the plan, have any control or significant financial interest, direct or indirect, in the surety company or its agents or brokers?  (e) If the plan is not insured by a fidelity bond, explain why not ▶  (f) In the current plan year was any loss to the plan caused by the fraud or dishonesty of any plan official or employee of the plan or of other person handling funds of the plan?  (ii) Information about employees of employer at end of the plan year (do not complete for multilemployer plans):  (a) Total number of employees of employees of employees of employees or declared in the plan year (do not complete for multilemployer plans):  (a) Total number of employees concluded from plan coverage—  (ii) Employees on whose behalf retirement benefits were the subject of collective bargaining (iii) Nonresident aliens who receive no earned income from United States sources (iv) Other (specify) ▶  (v) Total incumber of employees excluded from the plan (a) less (b)(v) (d) Total incumber of employees covered under the plan (a) less (b)(v) (d) Total number of employees covered under the plan (a) less (b)(v) (d) Total number of employees covered under the plan (a) less (b)(v) (d) Total number of employees covered under the plan (a) less (b)(v) (d) Total number of employees covered under the plan (a) less (b)(v) (d) Total number of employees covered under the plan (a) less (b)(v) (d) Total number of employees covered under the plan (a) less (b)(v) (d) Total number of employees covered under the plan (a) less (b)(v) (d) Total number of employees covered under the plan (a) less (b)(v) (d) Total number of employees covered under the plan (a) less (b)(v) (d) Total number of employees covered under the plan (a) less (b)(v) (d) (d) less (b) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		(a)	Was the plan insured by a fidelity bond against losses through fraud or dishonesty?				
(d) Does the plan, or a known party-in-interest with respect to the plan, have any control or significant financial interest, direct or indirect, in the surely company or its agents or brokers?  (e) If the plan is not insured by a fidelity bond, explain why not ▶  (ii) In the current plan year was any loss to the plan caused by the fraud or dishonesty of any plan official or employee of the plan or of other person handling funds of the plan?  (iii) Intermetion about employees of employer at end of the plan year (do not complete for multiemployer plans):  (a) Total number of employees  (b) Number of employees excluded from plan coverage—  (i) Kiminum age or years of service.  (ii) Employees on whose behalf retirement benefits were the subject of collective bargaining.  (iii) Nonresident aliens who receive no earned income from United States sources.  (iv) Other (specify) ▶  (iv) Other (specify) ▶  (iv) Total number of employees covered under the plan.  (iii) Number of employees excluded, sum of () through (iv)  (c) Total number of employees covered under the plan.  (iv) Is it instead an amaster or prototype plan?  If "Yes," enter IRS serial number ≯  21 (a) Is it intended that this plan qualify under section 401(a) or 405 of the Code?  (b) Have your enquested or received a determination letter from the IRS for this plan?  22 If plan is integrated, check appropriate box:  (b) Shall as defined benefit plan subject to the minimum funding standards?  If "Yes," attach Schedule B (Form 5500).  (ii) Amount of employer contribution plan i, i.e., money purchase or target benefit, subject to the minimum funding standards?  If "Yes," complete (i), (ii) and (iii) below:  (ii) Amount of employer contribution required for the plan year.  (iii) Indige deficiency, excess if any, 0f (i) over (ii)  24 Pursuant to DOL regulations, financial statements, schedules and, in certain circumstances, an independent qualified qualice accountants opinion thereon are required to the copy of this form filed with the DOL With reference theret		(b)	If "Yes," enter the maximum amount of loss recoverable ▶ \$				
(d) Does the plan, or a known party-in-interest with respect to the plan, have any control or significant financial interest direct or indirect, in the surety company or its agents or brokers?  (e) If the plan is not insured by a fidelity bond, explain why not ▶  (f) In the current plan year was any loss to the plan caused by the fraud or dishonesty of any plan official or employee of the plan or of other person handling funds of the plan?  (f) In the current plan year was any loss to the plan caused by the fraud or dishonesty of any plan official or employee of the plan or of other person handling funds of the plan?  (g) Information about employees of employer at end of the plan year (do not complete for multiemployer plans):  (a) Total number of employees or employers at end of the plan year (do not complete for multiemployer plans):  (g) Number of employees coulded from plan coverage—  (g) Whinimum age or years of service.  (g) Employees on whose behalf retirement benefits were the subject of collective bargaining.  (g) Nonresident aliens who receive no earned income from United States sources.  (h) Other (specify) ▶  (v) Total number of employees covered under the plan, (a) less (b)(v).  (c) Total number of employees covered under the plan, (a) less (b)(v).  (d) Total number of employees covered under the plan, (a) less (b)(v).  (2) Is this plan a master or prototype plan?  If "Yes," enter IRS serial number ▶  (g) House or explained this plan qualify under section 401(a) or 405 of the Code?  (g) Have you or equiseted or received a determination letter from the IRS for this plan?  (g) Have you or equiseted or received a determination letter from the IRS for this plan?  (g) Social security  (h) Employees contribution plan is the employer for the plan year  (g) Amount of employer contribution required for the plan year  (g) Amount of employer contribution plan is the employer for the plan year  (g) Fursuant to Dol I regulations, financial statements, schedules and, in certain circumstances, an independent qua		(c)	Enter the name of the surety company >				
interest, direct or indirect, in the surety company or its agents or brokers?  (e) If the plan is not insured by a fidelity bond, explain why not ▶  (f) In the current plan year was any loss to the plan caused by the fraud or dishonesty of any plan official or employee of the plan or of other person handling funds of the plan?  If 'Yes,' see specific insuraturctions.  19 Information about employees of employer at end of the plan year (do not complete for multiemployer plans):  (a) Total number of employees.  (b) Number of employees excluded from plan coverage—  (c) Minimum age or years of service.  (ii) Employees on whose behalf retirement benefits were the subject of collective bargaining.  (iii) Nonresident aliens who receive no earned income from United States sources.  (iv) Other (specify) ▶  (v) Total employees excluded, sum of (i) through (ii).  (d) Total number of employees on excluded from the plan, (a) less (b)(v).  (e) Total number of employees on excluded from the plan, (a) less (b)(v).  (f) Total number of employees on excluded from the plan, (a) less (b)(v).  (g) Is this plan a master or prototype plan?  If 'Yes,' enter IRS serial number ▶  21 (a) Is it intended that this plan qualify under section 401(a) or 405 of the Code?  (b) Have your requested or received a determination letter from the IRS for this plan?  22 If plan is integrated, check appropriate box:  (a) Is this a defined benefit plan subject to the minimum funding standards?  If 'Yes,' exten's Excluded B (Form 5500).  (b) Is this a defined benefit plan subject to the minimum funding standards?  If 'Yes,' complete (i), (ii) and (iii) below:  (ii) Amount of employer contribution plan, i.e., money purchase or target benefit, subject to the minimum funding standards?  If 'Yes,' complete (i), (ii) and (iii) below:  (iv) Amount of employer contribution plan by the employer, for this plan year.  (ivi) Funding deficiency, excess, if any, of (i) over (ii)  24 Pursuant to DOI regulation plan is, i.e., money purchase or target benefit, subject to							
(e) If the plan is not insured by a fidelity bond, explain why not ▶  (f) In the current plan year was any loss to the plan caused by the fraud or dishonesty of any plan official or employee of the plan or of other person handling funds of the plan?  (a) Total number of employees of employer at end of the plan year (do not complete for multiemployer plans):  (a) Total number of employees excluded from plan coverage—  (b) Number of employees excluded from plan coverage—  (ii) Employees on whose behalf retirement benefits were the subject of collective bargaining  (iii) Nonresident aliens who receive no earned income from United States sources  (iv) Other (specify) ▶  (v) Total employees excluded, sum of (i) through (iv)  (c) Total number of employees covered under the plan  20 Is this plan a master or prototype plan?  If "ves," enter IRS serial number ►  21 (a) Is it intended that this plan qualify under section 401(a) or 405 of the Code?  (b) Have you requested or received a determination letter from the IRS for this plan?  22 If plan is integrated, check appropriate box:  (b) ∏ Railcoad retirement  (c) ☐ Other  23 (a) Is this a defined benefit plan subject to the minimum funding standards?  If "ves," attach Schedule B (Form 5500).  (b) Is this a defined contribution plan, i.e., money purchase or target benefit, subject to the minimum funding If "Yesr" attach Schedule B (Form 5500).  (b) Is this a defined contribution plan, i.e., money purchase or target benefit, subject to the minimum funding standards?  If "Yes," complete (i), (ii) and (iii) below:  (ii) Amount of employer contribution required for the plan year  (iii) Funding deficiency, excess, If any, of (i) over (ii)  24 Pursuant to DoI. regulations, financial statements, schedules and, in certain circumstances an independent qualified public accountant's opinion is ☐ not required OR ☐ required and is—  (iii) Funding deficiency, excess, If any, of (i) over (ii)  (iv) ☐ Qualified  (iii) ☐ qualified  (iii) ☐ qualified  (iii) ☐ qualified  (iii) ☐ Transactio		(d)	Does the plan, or a known party-in-interest with respect to the plan, have any control or significant financial				
(f) In the current plan year was any loss to the plan caused by the fraud or dishonesty of any plan official or employee of the plan or of other person handling funds of the plan?  If "Yes," see specific instructions.  19 Information about employees of employer at end of the plan year (do not complete for multiemployer plans);  (a) Total number of employees excluded from plan coverage—  (b) Minimum age or years of service.  (ii) Employees on whose behalf retirement benefits were the subject of collective bargaining.  (iii) Nonresident aliens who receive no earned income from United States sources.  (iv) Other (specify) —  (v) Total employees excluded, sum of (i) through (iv) .  (d) Total number of employees not excluded from the plan, (a) less (b)(v).  (d) Total number of employees not excluded from the plan, (a) less (b)(v).  (d) Total number of employees covered under the plan.  If "Yes," enter IRS serial number —  If "Yes," enter IRS serial number (e) —  (b) Have you requested or received a determination letter from the IRS for this plan?  21 (a) is it intended that this plan qualify under section 401(a) or 405 of the Code?  (b) Have you requested or received a determination letter from the IRS for this plan?  22 (a) is this a defined benefit plan subject to the minimum funding standards?  If "Yes," attach Schedule 8 (Form 5500).  (b) Is this a defined contribution plan, i.e., money purchase or target benefit, subject to the minimum funding standards?  If "Yes," complete (i), (ii) and (iii) below:  (iii) Funding deficiency, excess, if any, of (i) over (ii)  (iv) Amount of employer, sinerales statements, schedules and, in certain circumstances, an independent qualified public scheck the appropriate boxes:  (a) The accountant's oplinion is not required OR required and is— (iii) Funding deficiency, excess, if a			interest, direct or indirect, in the surety company or its agents or brokers?	<u> </u>			
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